COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

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nd was amended

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038 and Stanley D. Ference III, PTO Reg. No. 33,879 of the firm of OPPEDAHL & LARSON, having office at 1992 Commerce Street, Yorktown Heights, NY 10598 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: OPPEDAHL & LARSON 1992 COMMERCE STREET, SUITE 309 YORKTOWN HEIGHTS, NY 10598-4412 DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON (914) 245-3252 **Claim for Priority**

I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID JUN 0 3 1993 APPLICATION COUNTRY PRIORITY CLAIMED DATE OF ISSUE DATE OF FILING APPLICATION NO. (day/month/year) (day/month/year) YES[] NO[] YES[]NO[YES[] NO[] FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID **APPLICATION** DATE OF ISSUE DATE OF FILING APPLICATION NO. COUNTRY (day/month/year) (day/month/year)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME SNUTCH	FIRST NAME ~	MIDDLE NAME P.			
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA			
POST OFFICE ADDRE 3963 W. 24 TH Ave		CITY VANCOUVER STATE/COUNTRY ZIP CODE CANADA V6S 1M1				
DATE MA	4 27,1998	SIGNATURE	1			

X1.9	Signature for additional jo	oint inventor attached.	Numb	oer of	i Pages	_1_	
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[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.

^[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages __.

FILE NO. NMED.P-001-US

NAME OF SECOND INVENTOR	LAST NAME BAILLIE	FIRST NAME DAVID	MIDDLE NAME L.			
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NAME OF THIRD INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME			
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP			
POST OFFICE ADDRE	l	CITY	STATE/COUNTRY ZIP CODE			
DATE		SIGNATURE				
NAME OF FOURTH	LAST NAME	FIRST NAME	MIDDLE NAME COUNTRY OF CITIZENSHIP			
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE				
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE			
DATE		SIGNATURE				
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME COUNTRY OF CITIZENSHIP			
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Serial or	Patent No.:	09/030,482 CALCIUM CH/	ANNELS AND REL	ATED PRO	BES. CELL	LINES AN	ID METHODS	3		
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